

# DORCHESTER COUNTY



## Selection of Focus Area

The Dorchester County Health Department has for the past several years focused on six priority areas for the utilization of Core Funding. Those priorities are Coronary Heart Disease, Cancer, Family Planning and Maternal and Child Health, Communicable Disease, Physician Shortage, and Injuries. When requested by the Department of Health and Mental Hygiene (DHMH) to participate in the Health Improvement Plan Development process, the Health Officer choose tobacco as priority issue because it is a factor in four of the top five causes of death in Dorchester County. A coalition of interested partners were convened and the process of refining and narrowing the topic began. The group chose cessation among young adults as a focus area after determining that early cessation has the potential to lessen long-term negative health consequences. However, the group also believed that prevention of use is of vital importance. Therefore, the group choose young adult cessation and youth prevention as modules to develop.

### DEMOGRAPHIC OVERVIEW

#### Estimated Population, by Race – 1998

Total .....	29,510
White .....	64.2%
Other .....	35.8%

#### Estimated Population, by Age – 1998

Under 1 .....	350	18-44 .....	10,340
1-4 .....	1,440	45-64 .....	6,920
5-17 .....	5,230	65+ .....	5,230

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 ..... 569.3

Infant Mortality Rate 1995-1999 ..... 7.4

Estimated Mean Household Income – 1999 ..... \$42,300

Estimated Median Household Income – 1999 ..... \$33,800

Civilian Unemployment Rate, Annual Average – 1999 ..... 7.3

#### Labor force (Top 4) – 1995

Manufacturing .....	4,100	Retail Trade .....	2,200
Services .....	3,500	Government (Federal, Military) .....	1,900

**Sources:** Maryland Vital Statistics, 1999  
Maryland Department of Planning, 1995, 1998, 1999

## Focus Area 1 - Tobacco Cessation in Young Adults

### Definition

Tobacco Cessation refers to assisting young adults, aged 18 to 25 years, to successfully stop using all tobacco products (cigarettes, cigars, chew, or snuff).

### Problem

- Cigarette smoking is a major cause of cardiovascular disease and is estimated to be responsible for 30% of all coronary heart disease (CHD) deaths in the United States. Smokers who quit have a substantial reduction in CHD death rates and within 10 years, the risk of CHD for ex-smokers (one pack or less per day) is the same as for nonsmokers (Maryland Cardiovascular Disease Prevention and Control Plan, July 1994).
- Researchers have identified more than 4,000 chemicals in cigarettes, which are also found in secondhand smoke. More than 430,000 deaths occur in the United States due to tobacco-related illnesses, which is exposure to, or use of, tobacco products. An estimated 3,000 of these deaths are nonsmokers who die from lung cancer.
- Asthma and other respiratory conditions are often triggered in children and can become worsened by tobacco smoke. Adults are also exposed to secondhand smoke, which can aggravate allergies and asthma, and can also lead to heart disease.
- Between 1990 and 1998, cigarette use in the general population declined by 9%, while in Maryland, there was a 2% increase in the prevalence of cigarette use.
- Young adults are the number one target of the tobacco industry.

#### Smoking Prevalence Among Maryland Adults, 1996-1997

African-American .....	21.5
White .....	21.5
Hispanic .....	14.1
Asian/Pacific Islander .....	7.7

#### Smoking Prevalence Among Maryland Adults, 1996-1997

All States .....	23.2
Maryland .....	20.6
Male .....	21.8
Female .....	19.4

#### Prevalence of Smoking In Maryland by Age, 1997

18-24 yrs. ....	23.6
25-44 yrs. ....	24.3
45-64 yrs. ....	18.7
65+ yrs. ....	11.1

Source: CDC State Tobacco Control Highlights, 1999

## Determinants

- Currently, 20.6% of adults in Maryland smoke.
- Females are initiating smoking at a higher rate than males and have lower cessation rates than men.
- The Centers for Disease Control and Prevention (CDC) calculates an average of 14.2 years of life lost for each death due to smoking (1990-1994).
- Maryland ranks 26<sup>th</sup> in the nation, with a death rate of 351 per 100,000 related to smoking (1990-1994). African-Americans have higher rates of smoking-related mortality than do whites in Maryland.
- Men have higher rates of smoking-related mortality than women do, and African-American males have the highest mortality rates of any race-sex group. (Maryland Cancer Control Plan, January 1994)
- Cancer Facts and Figures (1999), a compilation of cancer-related statistics by the American Cancer Society, ranked Maryland eighteenth in lung cancer mortality rates.
- Geographically, Dorchester County is the second largest county in Maryland, but with 51 persons per square mile, it the second most sparsely-populated county in the State, with a total population of 30,236. Compared with the rest of the State, Dorchester County has a higher concentration of minorities (29% vs. 24%) and higher poverty levels (35% vs. 20% below 200% of federal poverty level). The minority group is primarily composed of African-Americans. [APEX (Assessment Protocol for Excellence in Public Health) Phase II data report, Dorchester County Health Department, July 1994]
- In 1997, the four leading causes of death in Dorchester County were related to cigarette smoking. (Maryland Vital Statistics 1997)

**Objective 1** - By 2010, reduce the prevalence of smoking among 18- to 24-year-olds in Dorchester County. (Target: 15%; Maryland Baseline: 23.6%; Data: CDC, 1999)

### Action Steps

- ⇒ Establish baseline data for Dorchester County through a county-specific survey.
- ⇒ Determine barriers to and motivators for cessation among the target population through surveys and focus groups.
- ⇒ Develop strategies to assist target populations in cessation attempts based on information gathered through surveys and focus groups.
- ⇒ Build community coalitions and partnerships to assist target populations in quitting tobacco use (i.e. providing free/low cost patches in conjunction with behavior modification clinics, educating physicians about the positive effects of Zyban, etc.).

- ⇒ Coordinate efforts for training and technical support with human service providers to identify and counsel clients to stop tobacco use.
- ⇒ Increase access to tobacco cessation programs.
- ⇒ Work with local employers to offer worksite smoking cessation clinics.

**Objective 2 -** Reduce the proportion of children who are regularly exposed to tobacco smoke at home. (Target: 10% reduction; Baseline: to be determined)

### **Action Steps**

- ⇒ Establish baseline data for Dorchester County through a county-specific survey.
- ⇒ Provide information on the effects of secondhand smoke to parents who smoke and have children with respiratory illnesses, through physician's offices, local health centers, wellness centers, hospital emergency rooms, and school nurses.
- ⇒ Provide information, referral, and support for parents who desire to quit smoking.
- ⇒ Implement a social marketing campaign on the effects of secondhand smoke and the availability of cessation resources.
- ⇒ Provide information and education to children as to how they can protect themselves from secondhand smoke.

## Focus Area 2 - Tobacco Use Prevention

### Definition

Tobacco Use Prevention refers to a proactive stance to prevent the initiation of tobacco use among youth under the age of 18.

### Problem

- More than 430,000 deaths occur in the United States due to tobacco-related illnesses, (e.g. exposure to, or use of, tobacco products).
- Three thousand youth (ages 11 to 17) start smoking each day, and at least a third of these will die prematurely.
- An estimated five million persons under age 18 will lose their lives because of tobacco.
- Because adolescents are still maturing physically, they are more quickly addicted to nicotine.
- Advertising targets youth; the main reason is that 13 is the average age for smoking initiation.
- Once a person starts to smoke, and becomes addicted, s/he continues to smoke for many years.
- According to CDC data, among United States adults who smoke, 90% began smoking daily before the age of 19.
- Between 1990 and 1998, cigarette use in the general population declined by 9%, while in Maryland there was a 2% increase in the prevalence of cigarette use.
- Tobacco is a gateway drug: seventeen-year-olds who smoke cigarettes are 51 times more likely to use cocaine and 57 times more likely to use crack.
- According to the Maryland Adolescent Survey, tobacco usage among Dorchester County sixth graders has shown a steadily upward trend from 1994 to 1998 for both cigarettes and smokeless tobacco products.

### Determinants

- Tobacco use usually begins in early adolescence, with 13 years as the average age of smoking initiation.
- If adolescents can be kept tobacco-free, most will remain tobacco-free for the rest of their lives. (Maryland Cardiovascular Disease Prevention and Control Plan, July 1994)
- The short-term health effects of smoking for youth include damage to the respiratory system, addiction to nicotine, and the associated risk of other drug use.
- Long-term health consequences are reinforced by the fact that most youth who smoke regularly continue to smoke throughout adulthood. (CDC, Preventing tobacco use among young people: A report of the Surgeon General, 1994)

**Dorchester County Reported Student Tobacco Use -1998 School Year**  
*Percent of Students Reporting Substance Use by Grade Level and Time Period*

Substance	Grade 6			Grade 8			Grade 10			Grade 12		
	Ever Used	Last 30 Days	Last 12 Mon.	Ever Used	Last 30 Days	Last 12 Mon.	Ever Used	Last 30 Days	Last 12 Mon.	Ever Used	Last 30 Days	Last 12 Mon.
<b>Cigarettes</b>	17.2	6.0	8.4	36.4	19.8	25.0	46.2	25.3	29.6	55.4	31.6	39.4
<b>Smokeless Tobacco</b>	4.6	1.1	2.3	7.1	4.8	5.3	6.6	5.2	5.2	9.1	5.2	8.1

Source: *Maryland Adolescent Survey, 1998*

- In a 1999 survey of North Dorchester Middle School students, 49 out of 92 stated that peer pressure and the perception that 'everyone's doing it' and 'to be cool' is the main reason for kids starting to smoke cigarettes. [Dorchester County Alcohol, Tobacco, and Other Drugs (ATOD) Prevention Services, 1999]
- According to the CDC's Youth Risk Behavior Survey, the current cigarette use among teens increased from 27.5% in 1991 to 36.4% in 1997.
- Frequent cigarette use increased nationally from 12.7% in 1991 to 16.7% in 1997.
- The 1998 Maryland Adolescent Survey (MAS) indicates that of Dorchester County students surveyed, 6% of sixth graders, 19.8% of eighth graders, 25.3% of 10<sup>th</sup> graders and 31.6% of 12<sup>th</sup> graders had smoked cigarettes in the 30 days prior to the survey. These percentages are significantly higher than the overall Maryland percentages of 4.2% of sixth graders, 14.8% of eighth graders, 23.9% of 10<sup>th</sup> graders, and 28.6% of 12<sup>th</sup> graders who have smoked in the 30 days prior to the survey.
- Percentages of smokeless tobacco usage by youth in Dorchester County as reported in the MAS are higher than the state percentages, with the exception of sixth graders. Dorchester students in sixth grade report usage in past 30 days as 1.1% compared to statewide usage of 1.3%; eighth graders in Dorchester report 4.8% usage as compared to statewide usage of 3.2%; 10<sup>th</sup> graders in Dorchester report 5.2% usage as compared to statewide usage of 4%; and 12<sup>th</sup> graders in Dorchester report 5.2% usage as compared to statewide usage of 4.2%.

**Objective 1** - By 2010, reduce the prevalence of smoking among Dorchester County students in grades six through 12. (Target: 10% reduction in grades six, eight, 10, and 12; Baseline not provided; Data: Maryland Adolescent Survey, Dorchester County-specific data)

### **Action Steps**

- ⇒ Coordinate school-based and community-oriented tobacco use prevention and cessation programming.
- ⇒ Increase prevention and health promotion in after-school programs.
- ⇒ Educate merchants regarding unlawful sales of tobacco products to minors.
- ⇒ Enforce existing youth access laws.
- ⇒ Build community coalitions and partnerships to strengthen tobacco use prevention and intervention strategies for youth.
- ⇒ Develop and implement social marketing campaigns targeting current smokers and at-risk populations.
- ⇒ Increase community group interventions (churches, 4-H, Boy Scouts, Girl Scouts, etc.).
- ⇒ Increase access to tobacco cessation programs for youth.

### **Partners**

American Lung Association • Bethel Church • Dorchester County Board of Education • Dorchester County Health Department • Dorchester County Local Management Board • Dorchester County Wellness Centers • Dr. Hiers' Dental Office

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### Cross-Reference Table for Dorchester County

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